



Department of Federal Programs & Grants: Professional Development Services

Date: _____

Group: _____

Meeting Organizer: _____

Purpose of Meeting: _____

Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
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12. _____	_____
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15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

Complete Sign-In Sheet and turn in to Kelly McKinney.....also include agendas and/or minutes